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REPORT OF RECEIPTS AND DISBURSEMENTS

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For Other Than An Authorized Committee TYPE OR PRINT ▼ Example: If typing, type NAME OF AIL CENTER COMMITTEE (in full) over the lines. HAPHAK AMERICAL 17316 FilberT LAD ADDRESS (number and street) Check if different than previously reported. (ACC) CITY A STATE A ZIP CODE 2. FEC IDENTIFICATION NUMBER \(\neglightarrow\) **AMENDED** 3. IS THIS CD0524058 NEW REPORT (N) OR (A) 4. TYPE OF REPORT (b) Monthly Nov 20 (M11) Feb 20 (M2) May 20 (M5) Aug 20 (M8) (Non-Election Year Only) Report (Choose One) Due On: Dec 20 (M12) (Non-Election Year Only) Mar 20 (M3) Jun 20 (M6) Sep 20 (M9) (a) Quarterly Reparts: Apr 20 (M4) Jul 20 (M7) Oct 20 (M10) Jan 31 (YE) April 15 Quarterly Report (Q1) (c) 12-Day General (12G) Runoff (12R) Primary (12P) July 15 **PRE-Election** Quarterly Report (Q2) Report for the: Convention (12C) Special (12S) October 15 Quarterly Report (Q3) in the January 31 Election on State of Year-End Report (YE) July 31 Mid-Year 30-Day Report (Non-election **POST-Election** General (30G) Runoff (30R) Special (30S) Year Only) (MY) Report for the: **Termination Report** in the (TER) Election on 10 01 2012 26 2012 **Covering Period** through I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete. Type or Print Name of Treasurer ブダ カウ 2012 Signature of Treasurer NOTE: Submission of false, erroneous or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §437g.

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